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Original Article

What is Valuable for Specialist Registrars to Learn in Order to Become Good Consultant Clinical Oncologists?

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ABSTRACT:
Aims: **Given the pressures for change in training, it is important that what is valuable for specialist registrars to learn in order to become good consultant clinical oncologists is identified to aid in curricular design.**
Materials and methods: **A qualitative, one-to-one, semi-structured interview study was undertaken with 12 clinical oncologists who had been appointed as consultants within the last 2 years.**
Results: **They described the 'shock' on realising that they had entered foreign territory. The three main themes that emerged were surviving, navigating and moving forward.**
Conclusions: **It was not enough to be a competent clinician. The newly appointed consultant could only carry out their clinical work adequately and develop as clinicians, researchers and educators if they could navigate the maze of emotions, relationships and management structures contained in the clinical and organisational contexts of their work.**
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Key words: Curriculum, education, medical, oncology, postgraduate

Introduction

There are external pressures for change in the specialist registrar (SpR) curriculum. *Unfinished business* [1] proposed shortening higher specialist training programmes and *Modernising medical careers* [2] confirmed that their duration would be subject to review. These reports also called for the development of competency-based training and assessment. There is a need to identify the core values of the profession to ensure that they are reflected in any new curriculum and to guard against the temptation to only include what is easily expressed as competencies and to disregard what is not. I asked different stakeholder groups 'What is it valuable for SpRs to learn in order to become good consultant clinical oncologists?' This paper reports on the views of doctors who had been appointed to their first consultant post in the last 2 years. This group was chosen as they were able to reflect on the educational needs rather than the 'wants' of current trainees [3,4]. They trained in the era after the Calman reforms [5], which shortened training programmes. They could therefore reflect on the effect of the duration of their training compared with previous cohorts.

Methods

A qualitative study using semi-structured interviews [6] was undertaken with consultants appointed within the last 2 years. Qualitative research results in an emergent rather than a hypothesis testing design [7] and is suited to a study exploring values, where the answer is not an immutable truth but is context dependent and will vary with each individual [8]. A letter explaining the aims of the study and the nature of the interview was sent to 14 consultants in eight cancer centres in England and Wales. These were chosen to give a wide distribution in geographical site and size of the centre. Consultants in seven of these centres agreed to be interviewed. Twelve interviews were undertaken before saturation [9] was achieved, that is the point at which further interviews do not give rise to new themes. I enquired about the problems and challenges they had met in their current post and asked them to reflect on what they thought it was valuable for SpRs to learn in order to become a good consultant clinical oncologist. Their views on the relevance of the training they had received, any modifications they would suggest to improve this and the validity and utility of the assessment process were also sought.

Each interview was recorded and transcribed verbatim. The N6 software program was used to support data coding and analysis for themes [10]. A copy of the analysis of the interviews was sent to each participant. A questionnaire asked them to score their agreement with the credibility [11] of the account of what it was like to become a consultant and what it was valuable for SpRs to learn, on Likert scales from 1 (not credible) to 9 (very credible). They were also invited to comment on the report.

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Results

What was it Like to Become a Consultant Clinical Oncologist?

Despite having worked alongside consultants for at least 5 years, newly appointed consultants consistently described the 'shock' on realising they had entered a foreign territory. Three main themes emerged:

(1) Surviving: this related to being competent in their day-to-day clinical work.
(2) Navigating: this was a learning process as they learned how to get things done, to function in their new role as part of a team and to cope with responsibilities in new areas such as education and research. They sought out more experienced consultants as guides.
(3) Moving forward: as they felt more familiar with the territory they began to make progress. They reflected on what they had achieved and discussed long-term goals for themselves and the speciality.

These were not distinct phases, they coexisted, but survival tended to be the predominant preoccupation at the beginning of the post and was much less prevalent by the second year.

Surviving

> ''It's a matter of making the judgement and having the confidence to make that judgement with what evidence there is available.''

This related to carrying out clinical work. The new consultants were overwhelmed by a sense of personal responsibility for their patients. This manifested itself in increased awareness of the decision-making process, obsessional checking and difficulty in delegating. Intense reflection sometimes associated with inappropriate self-blame when adverse events occurred was also common. They noted the increased complexity of the cases they were dealing with and this was a particular problem if they were the sole oncologist responsible for a tumour site in a cancer centre. Complex communication problems were identified, for example, the ethical difficulties in deciding what to communicate to patients about inadequate resources. In general, however, they felt well prepared. They missed the peer support associated with being a junior doctor. They were coping with high volumes of work and wondered how they could continue at that pace for years. Of the six consultants who could estimate the number of new patients they had seen in 1 year, five were referred more than 500 and one saw more than 700 (Table 1).

Navigating

> ''Finding my way through the maze.''

They were surprised by the volume of non-clinical work and felt ill-equipped to deal with it. They struggled to navigate their way through the complexities of the National Health Service management structure. The need to enter this system was sometimes dictated by the general needs of the department. They were the department's representatives on committees. More frequently the need arose because they identified a need for change. They were fighting for basic resources such as a desk, a secretary and clinic space in a territory previously unknown to them. They were faced with a lack of resources to deliver optimal treatments. Although some ascribed their disorientation to moving centres, in fact it was common to most new consultants. Many took on major educational roles and were aware they had received little or no training. All consultants were involved in phase III trials, but more innovative work was limited by a lack of time, resources and previous training. Even where the consultant was a successful academic, the value of basic scientific work as constituting part of the role of a clinical oncologist was questioned.

They began to see their practice as depending on and having to be negotiated with other members of staff.

Table 1 — What was it like to become a consultant clinical oncologist?

Surviving
''My first chemotherapy death was a nightmare. I just, I felt awful about it. I'm the sort of person that worries anyway, so I think I didn't sleep for about a week after that one. In terms of things going wrong as a trainee you probably don't just notice them in the same way because it's not, you don't have quite the same ownership of the patient because the buck stops with someone else...so it's not your fault.''
''I don't even have a registrar for the first 8 months of my job, so I did everything for myself...and the problem that it makes is that it's not that you can't do that, but it's so lonely.''
''I think 'Am I going to do this for the next 30 years?' and I really don't want to, I don't think I could in terms of mentally keeping going, the intensity.''
Navigating
''It's all a bit of a long history of politics and difficult personalities, but it doesn't appear to be clear enough about who's where in the hierarchy, and who can actually change things so I found that quite difficult, not really knowing how to achieve anything, how to change something, how to go about doing something.''
Moving forwards
''I really, really enjoy my work, having to take the responsibility is I think the freedom to do the things you couldn't do as a registrar.''

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